

# KANSAS CERTIFICATE OF IMMUNIZATION (KCI)

This record is part of the student's permanent record and shall, upon request of the parent or guardian of the pupil, be transferred from one school to another as defined in Section 72-5209 (d) of the Kansas School Immunization Law (as amended 1994).

Student Name \_\_\_\_\_ Native Kansan: Yes ☐ No ☐ Sex: M ☐ F ☐ Birthdate: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Name of Parent or Guardian \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

VACCINE		RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED													
		1st		2nd		3rd		4th		5th		6th		7th	
DTP, DTaP and/or DT/Td* (Diphtheria, Tetanus, and Pertussis; acellular Pertussis; or Tetanus and Diphtheria only) Required for school entry. Check type		DT	Td	DT	Td	DT	Td	DT	Td	DT	Td	DT	Td	DT	Td
OPV or IPV (Polio) Required for school entry. Check type		OPV	IPV	OPV	IPV	OPV	IPV	OPV	IPV	OPV	IPV	OPV	IPV	OPV	IPV
MMR (Measles, Mumps, and Rubella combined) Required for school entry.		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Single Antigen Doses Only	MEASLES (Rubeola/red measles/10-day measles)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	RUBELLA (German measles/3-day measles)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	MUMPS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HEP B (Hepatitis B Vaccine) Recommended for all children.		-	-	-	-	-	-	-	-	-	-	-	-	-	-
HEP A (Hepatitis A Vaccine) Not required for school entry.		-	-	-	-	-	-	-	-	-	-	-	-	-	-
HIB (Haemophilus influenzae Type B) Recommended for children 2-59 months.		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Varicella (Chicken Pox) Recommended for all children older than 12 months.		-	-	-	-	-	-	-	-	-	-	-	-	-	-
DOCUMENTATION PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORM.  I certify I reviewed this student's vaccination record and transcribed it accurately.  Signature _____ Agency _____  Name & Title (Printed) _____  The record presented was: Date ____-____-____ <input type="checkbox"/> Pink Kansas Immunization Record <input type="checkbox"/> Other Immunization record (Specify _____)		LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS <input type="checkbox"/> 1. Annual Medical Exemption: A Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) must complete the information below, as well as the affidavit on the reverse side. Yearly medical exemptions shall be documented on KCI Form B and attached to this record.  * If DT is given prior to 7 years of age, a Yearly Medical Exemption is required.  <input type="checkbox"/> DTP <input type="checkbox"/> Pertussis only <input type="checkbox"/> MMR <input type="checkbox"/> HEP B <input type="checkbox"/> OPV <input type="checkbox"/> IPV <input type="checkbox"/> Rubella only  <input type="checkbox"/> 2. Religious Exemption: Parent or guardian must complete the affidavit on the reverse side.													